



MISSOURI DEPARTMENT OF REVENUE
INDIVIDUAL INCOME TAX RETURN

1997
FORM
MO-1040

DLN

FOR CALENDAR YEAR JAN. 1 – DEC. 31, 1997, OR FISCAL YEAR BEGINNING

1997, ENDING

19

AMENDED RETURN —

CHECK
HERE

DOR ONLY ▶

PM

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STEP 1 — NAME AND ADDRESS

YOUR LAST NAME

FIRST NAME

INITIAL

YOUR SOCIAL SECURITY NO.

Check the appropriate
box if you are a
non-obligated spouse.
(see instructions)

SPOUSE'S LAST NAME

PLACE LABEL HERE

FIRST NAME

INITIAL

SPOUSE'S SOCIAL SECURITY NO.

IN CARE OF NAME (ATTORNEY, ACCOUNTANT, GUARDIAN, PERSONAL REPRESENTATIVE, ETC.)

COUNTY OF RESIDENCE

SCHOOL DIST. NO.

▶ ☐ YOURSELF
▶ ☐ SPOUSE

PRESENT ADDRESS (INCLUDE APARTMENT # OR RURAL ROUTE)

CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE

You may contribute to any one or all of the trust funds below. Place the total amount contributed on Lines 50a, 50b and 50c. Please see the instructions for these lines for a complete description of each trust fund.



Children's
Trust
Fund



Veterans
Trust
Fund



Elderly Home
Delivered Meals
Trust Fund

Attach copies of pages 1 and 2 of your Federal Form 1040 or 1040A if you:

- itemized deductions on your federal return (also attach a copy of Federal Schedule A);
- claim a pension exemption;
- have loss(es) of \$1,000 or more on Line 15T below;

- have modifications on Form MO-A, Part 2;
- file Form MO-NRI;
- claim a low income housing credit and/or low income housing recapture; or
- claim other federal tax deductions on Line 20

STEP 2 — CHECK YOUR FILING STATUS

☐ 1. Single — \$1,200 (see Box 6 before checking)

☐ 2. Married and filing a combined Missouri return — \$2,400

☐ 3A. Married filing separate — \$1,200

☐ 3B. Married filing separate (spouse not filing) — \$2,400

☐ 4. Head of household — \$2,000

☐ 5. Qualifying widow(er) with dependent child — \$2,000

☐ 6. Claimed as a dependent on another person's federal tax return — \$0.00 (see instructions)

If you checked Box 2 above, complete Column Y, S, and T. If you checked any box other than Box 2, complete only Column T.

ADDITIONAL INFORMATION
(Check all applicable boxes)

☐ 7. 65 or over — yourself

☐ 8. 65 or over — spouse

☐ 9. Blind — yourself

☐ 10. Blind — spouse

STEP 3 — FIGURE YOUR MO ADJUSTED GROSS INCOME

COMBINED INCOME

ONE INCOME

	Y—YOURSELF		S—SPOUSE		T—TOTAL OR ONE INCOME	
11. Federal adjusted gross income (see instructions)	11Y	00	11S	00	11T	00
12. Total additions (from Form MO-A, Part 2, Line 3)	12Y	00	12S	00	12T	00
13. Total income — add Lines 11 and 12	13Y	00	13S	00	13T	00
14. Total subtractions (from Form MO-A, Part 2, Line 7)	14Y	00	14S	00	14T	00
15. Missouri adjusted gross income — Line 13 less Line 14	15Y	00	15S	00	15T	00

STEP 4 — FIGURE YOUR TAXABLE INCOME

16. Income percentages — divide Columns 15Y and 15S by 15T	16Y	%	16S	%	16T	100 %
17. Government pension exemption (from Form MO-A, Part 3, Line 6T)					17	00
18. Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS (see instructions)					18	00
19. Federal income tax (from Federal Telefile Tax Record, Line J (second box) minus Line K; Federal Form 1040EZ, Line 10 minus Line 8a; Federal Form 1040A, Line 25 minus Line 29c; or Federal Form 1040, Line 46 minus Line 56a)			19	00		
20. Other federal tax (see instructions). Attach pages 1 and 2 of federal return			20	00		
21. Total federal tax — add Lines 19 and 20			21	00		
22. Federal tax deduction. Enter amount from Line 21 not to exceed \$5,000 (\$10,000 for combined)					22	00
23. Exemption amount checked on Lines 1 through 6					23	00
24. Number of dependents (DO NOT INCLUDE YOURSELF OR SPOUSE) from Federal Form 1040A, Line 6c OR Federal Form 1040, Line 6c				X \$400 =	24	00
List first names:						
25. Total deductions — add Lines 17, 18, 22, 23 and 24					25	00
26. Subtotal — subtract Line 25 from Line 15T					26	00
27. Multiply Line 26 by percentages (%) on Line 16	27Y	00	27S	00	27T	00
28. Enterprise zone income modification (see instructions)	28Y	00	28S	00	28T	00
29. Subtract Line 28 from Line 27. Enter here and on Line 30	29Y	00	29S	00	29T	00

ATTACH COPY OF FORM W-2 AND/OR 1099-R HERE

STEP 5 — FIGURE YOUR TAX		Y—YOURSELF		S—SPOUSE		T—TOTAL OR ONE INCOME			
30. Taxable income amount from Line 29Y, 29S and/or 29T	30Y		00	30S		00	30T		00
31. TAX on Line 30 (see tax table, Form MO-A, page 1)	31Y		00	31S		00	31T		00
32. Resident credit (attach Form MO-CR and other state's return) ... OR	32Y		00	32S		00	32T		00
33. Nonresident percentage (attach Form MO-NRI and copy of federal return). Check appropriate box if you or your spouse is a professional entertainer or a member of a professional athletic team. <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	33Y		%	33S		%	33T		%
34. Balance (Resident — subtract Line 32 from Line 31 OR Nonresident — multiply Line 31 by percentage on Line 33)	34Y		00	34S		00	34T		00
35. Other taxes (check box & attach federal form indicated): <input type="checkbox"/> Lump sum distribution (Form 4972) <input type="checkbox"/> Recapture of low income housing credit (Form 8611) ...	35Y		00	35S		00	35T		00
36. TOTAL TAX — add Lines 34 and 35	36Y		00	36S		00	36T		00

STEP 6 — FIGURE YOUR CREDITS AND PAYMENTS

37. Miscellaneous tax credits (from Form MO-TC, Line 21). Form MO-TC must be attached	37		00
38. Property tax credit. Attach Form MO-PTC	38		00
39. MISSOURI tax withheld as shown on your Form W-2(s) or Form 1099-R(s). Form W-2(s) and Form 1099-R(s) must be attached	39		00
40. 1997 Missouri estimated tax payments (include overpayment from 1996 applied to 1997)	40		00
41. Missouri tax withheld for nonresident partners or S corporation shareholders	41		00
42. Add Lines 40 and 41	42		00
43. Amount paid with Missouri extension of time to file (Form MO-60 or Form MO-1040V)	43		00
44. AMENDED RETURN ONLY: Amount paid on original return	44		00
45. Add Lines 37 through 39 and 42 through 44	45		00
46. AMENDED RETURN ONLY: Refund as shown on original return	46		00
IF FILING AN AMENDED RETURN, INDICATE REASON(S) FOR AMENDING.			
<input type="checkbox"/> A. Federal audit	Enter date of IRS report		
<input type="checkbox"/> B. Net operating loss carryback	Enter year of loss		
<input type="checkbox"/> C. Investment tax credit carryback	Enter year of credit		
<input type="checkbox"/> D. Correction other than A, B or C	Enter date of federal amended return, if filed		
47. Total payments and credits — subtract Line 46 from Line 45	47		00

STEP 7 — FIGURE YOUR REFUND OR AMOUNT DUE

48. If Line 47 is larger than Line 36T, enter the difference (amount of OVERPAYMENT) here	48		00
49. Amount of Line 48 to be applied to your 1998 estimated tax	49		00
50. Amount of Line 48 to be contributed to trust funds			
50a. Children's Trust Fund	50a		00
50b. Veterans Trust Fund	50b		00
50c. Elderly Home Delivered Meals Trust Fund	50c		00
51. Overpayment to be refunded to you. Subtract Lines 49, 50a, 50b and 50c from Line 48 and enter here. Mail return to: DEPARTMENT OF REVENUE, P.O. BOX 500, JEFFERSON CITY, MO 65106-0500.	51		00
52. If Line 36T is larger than Line 47, enter the difference (amount of UNDERPAYMENT) here	52		00
53. Underpayment of estimated tax penalty (attach Form MO-2210). Enter penalty amount here	53		00
54. Total amount due. Add Lines 52 and 53 and enter here. Mail return and payment to: DEPARTMENT OF REVENUE, P.O. BOX 329, JEFFERSON CITY, MO 65107-0329. Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only) made payable to: Missouri Director of Revenue.	54		00

STEP 8 — PLEASE SIGN RETURN

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his/her firm. <input type="checkbox"/> YES <input type="checkbox"/> NO		PREPARER'S TELEPHONE	DOR ONLY	S	E	U	P	F
YOUR SIGNATURE	DATE	PREPARER'S SIGNATURE	FEIN OR SSN					
SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)		DAYTIME TELEPHONE	PREPARER'S ADDRESS AND ZIP CODE			DATE		